



Potential Hazardous Waste Site

Site Inspection Report



Site Inspection Report



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 1 - SITE LOCATION AND INSPECTION INFORMATION

I. IDENTIFICATION
01 STATE KY 02 SITE NUMBER D006375737

II. SITE NAME AND LOCATION

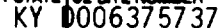
01 SITE NAME (Legal, common, or descriptive name of site) IBM Corporation		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 740 New Circle Road				
03 CITY Lexington		04 STATE KY	05 ZIP CODE 40511	06 COUNTY Fayette	07 COUNTY CODE 34	08 CONG DIST
09 COORDINATES LATITUDE 30° 04' 10" .0 LONGITUDE 84° 29' 15" .0		10 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER <input type="checkbox"/> G. UNKNOWN				

III. INSPECTION INFORMATION

01 DATE OF INSPECTION 5 / 15 / 83 MONTH DAY YEAR	02 SITE STATUS <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	03 YEARS OF OPERATION 1974 present BEGINNING YEAR ENDING YEAR	
04 AGENCY PERFORMING INSPECTION (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. MUNICIPAL <input type="checkbox"/> D. MUNICIPAL CONTRACTOR <input checked="" type="checkbox"/> E. STATE <input type="checkbox"/> F. STATE CONTRACTOR <input type="checkbox"/> G. OTHER			
05 CHIEF INSPECTOR	06 TITLE	07 ORGANIZATION	08 TELEPHONE NO. ()
09 OTHER INSPECTORS State Personnel	10 TITLE	11 ORGANIZATION	12 TELEPHONE NO. 502 564-6716
			()
			()
			()
			()
13 SITE REPRESENTATIVES INTERVIEWED	14 TITLE	15 ADDRESS	16 TELEPHONE NO. ()
			()
			()
			()
			()
			()
			()
17 ACCESS GAINED BY (Check one) <input type="checkbox"/> PERMISSION <input type="checkbox"/> WARRANT	18 TIME OF INSPECTION	19 WEATHER CONDITIONS	

IV. INFORMATION AVAILABLE FROM

01 CONTACT Betsy Shaver	02 OF (Agency/Organization) EPA	03 TELEPHONE NO. (404) 374-2234	
04 PERSON RESPONSIBLE FOR SITE INSPECTION FORM Belinda Brock	05 AGENCY	06 ORGANIZATION NUS Corporation	07 TELEPHONE NO. (404) 938-7710
		08 DATE 3 / 25 / 88 MONTH DAY YEAR	



☐ I. HIGHLY VOLATILE
☐ J. EXPLOSIVE
☐ K. REACTIVE
☐ L. INCOMPATIBLE
☐ M. NOT APPLICABLE

EPA FORM 2070-13 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
KY D006375737

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: 1980) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

Contamination found in on-site monitoring wells.

01 ☒ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: 1980) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

Trichloroethylene detected in a tributary to Cane Run Creek.

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

Unknown

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

Unknown

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

IBM facility is fenced.

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: (Acres) 04 NARRATIVE DESCRIPTION

Unknown

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

Aquifer not used for drinking within a 3-mile radius around the facility.

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

Unknown

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

Unknown



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
KY D006375737

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/Runoff/Standing liquids, Leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

Source of contamination not known.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA, State File Material



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION
PART 4 - PERMIT AND DESCRIPTIVE INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY D006375737

II. PERMIT INFORMATION

01 TYPE OF PERMIT ISSUED (Check all that apply)	02 PERMIT NUMBER	03 DATE ISSUED	04 EXPIRATION DATE	05 COMMENTS
<input checked="" type="checkbox"/> A. NPDES				
<input type="checkbox"/> B. UIC				
<input type="checkbox"/> C. AIR				
<input checked="" type="checkbox"/> D. RCRA				
<input type="checkbox"/> E. RCRA INTERIM STATUS				
<input type="checkbox"/> F. SPCC PLAN				
<input type="checkbox"/> G. STATE (Specify)				
<input type="checkbox"/> H. LOCAL (Specify)				
<input type="checkbox"/> I. OTHER (Specify)				
<input type="checkbox"/> J. NONE				

III. SITE DESCRIPTION

01 STORAGE/DISPOSAL (Check all that apply)	02 AMOUNT	03 UNIT OF MEASURE	04 TREATMENT (Check all that apply)	05 OTHER
<input type="checkbox"/> A. SURFACE IMPOUNDMENT			<input type="checkbox"/> A. INCINERATION	<input checked="" type="checkbox"/> A. BUILDINGS ON SITE
<input type="checkbox"/> B. PILES			<input type="checkbox"/> B. UNDERGROUND INJECTION	
<input checked="" type="checkbox"/> C. DRUMS, ABOVE GROUND			<input type="checkbox"/> C. CHEMICAL/PHYSICAL	
<input type="checkbox"/> D. TANK, ABOVE GROUND			<input type="checkbox"/> D. BIOLOGICAL	
<input checked="" type="checkbox"/> E. TANK, BELOW GROUND			<input type="checkbox"/> E. WASTE OIL PROCESSING	06 AREA OF SITE
<input type="checkbox"/> F. LANDFILL			<input type="checkbox"/> F. SOLVENT RECOVERY	
<input type="checkbox"/> G. LANDFARM			<input type="checkbox"/> G. OTHER RECYCLING/RECOVERY	
<input type="checkbox"/> H. OPEN DUMP			<input type="checkbox"/> H. OTHER (Specify)	
<input type="checkbox"/> I. OTHER (Specify)				

07 COMMENTS

IV. CONTAINMENT

01 CONTAINMENT OF WASTES (Check one)
☐ A. ADEQUATE, SECURE ☐ B. MODERATE ☐ C. INADEQUATE, POOR ☐ D. INSECURE, UNSOUND, DANGEROUS

02 DESCRIPTION OF DRUMS, DIKING, LINERS, BARRIERS, ETC.

Source not known.

V. ACCESSIBILITY

01 WASTE EASILY ACCESSIBLE: ☐ YES ☒ NO
02 COMMENTS

VI. SOURCES OF INFORMATION (Cite specific references, e.g. state files, sample analysis, reports)

EPA, State File Material



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

KY 0006375737

II. DRINKING WATER SUPPLY

01 TYPE OF DRINKING SUPPLY
(Check as applicable)

SURFACE WELL
COMMUNITY A. ☒ B. ☐
NON-COMMUNITY C. ☐ D. ☐

02 STATUS

ENDANGERED AFFECTED MONITORED
A. ☐ B. ☐ C. ☐
D. ☐ E. ☐ F. ☐

03 DISTANCE TO SITE

A. 4 1/2 (mi)
B. _____ (mi)

III. GROUNDWATER

01 GROUNDWATER USE IN VICINITY (Check one)

☐ A. ONLY SOURCE FOR DRINKING ☐ B. DRINKING
(Other sources available)
COMMERCIAL, INDUSTRIAL, IRRIGATION
(No other water source available)
☒ C. COMMERCIAL, INDUSTRIAL, IRRIGATION
(Limited other sources available)
☐ D. NOT USED, UNUSEABLE

02 POPULATION SERVED BY GROUND WATER _____

03 DISTANCE TO NEAREST DRINKING WATER WELL 3 1/2 (mi)

04 DEPTH TO GROUNDWATER

30 (ft)

05 DIRECTION OF GROUNDWATER FLOW

N

06 DEPTH TO AQUIFER
OF CONCERN

_____ (ft)

07 POTENTIAL YIELD
OF AQUIFER

_____ (gpd)

08 SOLE SOURCE AQUIFER

☐ YES ☒ NO

09 DESCRIPTION OF WELLS (including usage, depth, and location relative to population and buildings)

10 RECHARGE AREA

☐ YES COMMENTS
☐ NO

11 DISCHARGE AREA

☐ YES COMMENTS
☐ NO

IV. SURFACE WATER

01 SURFACE WATER USE (Check one)

☐ A. RESERVOIR, RECREATION
DRINKING WATER SOURCE ☐ B. IRRIGATION, ECONOMICALLY
IMPORTANT RESOURCES ☒ C. COMMERCIAL, INDUSTRIAL ☐ D. NOT CURRENTLY USED

02 AFFECTED/POTENTIALLY AFFECTED BODIES OF WATER

NAME:

AFFECTED

DISTANCE TO SITE

Tributary to Cane Run Creek ☒ on-site (mi)
Cane Run Creek ☐ _____ (mi)
_____ ☐ _____ (mi)

V. DEMOGRAPHIC AND PROPERTY INFORMATION

01 TOTAL POPULATION WITHIN

ONE (1) MILE OF SITE

TWO (2) MILES OF SITE

THREE (3) MILES OF SITE

A. _____
NO. OF PERSONS

B. _____
NO. OF PERSONS

C. _____
NO. OF PERSONS

02 DISTANCE TO NEAREST POPULATION

1/2 (mi)

03 NUMBER OF BUILDINGS WITHIN TWO (2) MILES OF SITE

04 DISTANCE TO NEAREST OFF-SITE BUILDING

_____ (mi)

05 POPULATION WITHIN VICINITY OF SITE (Provide narrative description of nature of population within vicinity of site, e.g., rural, village, densely populated urban area)

Urban Area



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION
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VI. ENVIRONMENTAL INFORMATION

01 PERMEABILITY OF UNSATURATED ZONE (Check one)

☐ A. $10^{-8} - 10^{-6}$ cm/sec ☐ B. $10^{-4} - 10^{-6}$ cm/sec ☒ C. $10^{-4} - 10^{-3}$ cm/sec ☐ D. GREATER THAN 10^{-3} cm/sec

02 PERMEABILITY OF BEDROCK (Check one)

☐ A. IMPERMEABLE (Less than 10^{-8} cm/sec) ☐ B. RELATIVELY IMPERMEABLE ($10^{-4} - 10^{-6}$ cm/sec) ☒ C. RELATIVELY PERMEABLE ($10^{-2} - 10^{-4}$ cm/sec) ☐ D. VERY PERMEABLE (Greater than 10^{-2} cm/sec)

03 DEPTH TO BEDROCK

11 (ft)

04 DEPTH OF CONTAMINATED SOIL ZONE

(ft)

05 SOIL pH

06 NET PRECIPITATION

46 (in)

07 ONE YEAR 24 HOUR RAINFALL

2.75 (in)

08 SLOPE
SITE SLOPE

%

DIRECTION OF SITE SLOPE

TERRAIN AVERAGE SLOPE

%

09 FLOOD POTENTIAL

SITE IS IN YEAR FLOODPLAIN

10

☐ SITE IS ON BARRIER ISLAND, COASTAL HIGH HAZARD AREA, RIVERINE FLOODWAY

11 DISTANCE TO WETLANDS (5 acre minimum)

ESTUARINE

NA

OTHER

A. (mi)

B. (mi)

12 DISTANCE TO CRITICAL HABITAT (of endangered species)

NA

(mi)

ENDANGERED SPECIES:

13 LAND USE IN VICINITY

DISTANCE TO:

COMMERCIAL/INDUSTRIAL

RESIDENTIAL AREAS; NATIONAL/STATE PARKS,
FORESTS, OR WILDLIFE RESERVES

AGRICULTURAL LANDS
PRIME AG LAND AG LAND

A. (mi)

B. (mi)

C. (mi)

D. (mi)

14 DESCRIPTION OF SITE IN RELATION TO SURROUNDING TOPOGRAPHY

VII. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA, State File Material



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 6 - SAMPLE AND FIELD INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY D006375737

II. SAMPLES TAKEN

SAMPLE TYPE	01 NUMBER OF SAMPLES TAKEN	02 SAMPLES SENT TO	03 ESTIMATED DATE RESULTS AVAILABLE
GROUNDWATER		Unknown	
SURFACE WATER		Unknown	
WASTE			
AIR			
RUNOFF			
SPILL			
SOIL			
VEGETATION			
OTHER			

III. FIELD MEASUREMENTS TAKEN

01 TYPE	02 COMMENTS

IV. PHOTOGRAPHS AND MAPS

01 TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> AERIAL	02 IN CUSTODY OF _____ (Name of organization or individual)
03 MAPS <input type="checkbox"/> YES <input type="checkbox"/> NO	04 LOCATION OF MAPS _____

V. OTHER FIELD DATA COLLECTED (Provide narrative description)

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA, State File Material



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 7 - OWNER INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY D006375737

II. CURRENT OWNER(S)

PARENT COMPANY (if applicable)

01 NAME IBM (H.O.)		02 D+B NUMBER		08 NAME		09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.) Rt. 22		04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)		11 SIC CODE	
05 CITY Armonk		06 STATE NY	07 ZIP CODE 10504	12 CITY		13 STATE	14 ZIP CODE
01 NAME		02 D+B NUMBER		08 NAME		09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)		11 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	12 CITY		13 STATE	14 ZIP CODE
01 NAME		02 D+B NUMBER		08 NAME		09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)		11 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	12 CITY		13 STATE	14 ZIP CODE
01 NAME		02 D+B NUMBER		08 NAME		09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)		11 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	12 CITY		13 STATE	14 ZIP CODE

III. PREVIOUS OWNER(S) (List most recent first)

IV. REALTY OWNER(S) (if applicable, list most recent first)

01 NAME		02 D+B NUMBER		01 NAME		02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	05 CITY		06 STATE	07 ZIP CODE
01 NAME		02 D+B NUMBER		01 NAME		02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	05 CITY		06 STATE	07 ZIP CODE
01 NAME		02 D+B NUMBER		01 NAME		02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	05 CITY		06 STATE	07 ZIP CODE

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA, State File Material



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 8 - OPERATOR INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY D006375737

II. CURRENT OPERATOR (Provide if different from owner)

OPERATOR'S PARENT COMPANY (If applicable)

01 NAME IBM		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.) 740 New Circle Rd.		04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)		13 SIC CODE	
05 CITY Lexington		06 STATE KY	07 ZIP CODE 40511	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION 1974-present		09 NAME OF OWNER					

III. PREVIOUS OPERATOR(S) (List most recent first; provide only if different from owner)

PREVIOUS OPERATORS' PARENT COMPANIES (If applicable)

01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)		13 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					

01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)		13 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					

01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)		13 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					

IV. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

EPA, State File Material



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 9 - GENERATOR/TRANSPORTER INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
KY	D006375737

II. ON-SITE GENERATOR

01 NAME IBM	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.) 740 New Circle Rd.	04 SIC CODE
05 CITY Lexington	06 STATE KY
	07 ZIP CODE 40511

III. OFF-SITE GENERATOR(S)

01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE	05 CITY	06 STATE
	07 ZIP CODE		07 ZIP CODE
01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE	05 CITY	06 STATE
	07 ZIP CODE		07 ZIP CODE

IV. TRANSPORTER(S)

01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE	05 CITY	06 STATE
	07 ZIP CODE		07 ZIP CODE
01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE	05 CITY	06 STATE
	07 ZIP CODE		07 ZIP CODE

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA, State File Material



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY D006375737

II. PAST RESPONSE ACTIVITIES

01 ☐ A. WATER SUPPLY CLOSED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ B. TEMPORARY WATER SUPPLY PROVIDED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ C. PERMANENT WATER SUPPLY PROVIDED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ D. SPILLED MATERIAL REMOVED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ E. CONTAMINATED SOIL REMOVED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ F. WASTE REPACKAGED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ G. WASTE DISPOSED ELSEWHERE
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ H. ON SITE BURIAL
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ I. IN SITU CHEMICAL TREATMENT
04 DESCRIPTION

IBM has proposed to treat the contaminated groundwater and discharge the treated groundwater back into the aquifer.

02 DATE _____

03 AGENCY _____

01 ☐ J. IN SITU BIOLOGICAL TREATMENT
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ K. IN SITU PHYSICAL TREATMENT
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ L. ENCAPSULATION
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ M. EMERGENCY WASTE TREATMENT
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ N. CUTOFF WALLS
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ O. EMERGENCY DIKING/SURFACE WATER DIVERSION
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ P. CUTOFF TRENCHES/SUMP
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ Q. SUBSURFACE CUTOFF WALL
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY D006375737

II. PAST RESPONSE ACTIVITIES (Continued)

01 ☐ R. BARRIER WALLS CONSTRUCTED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ S. CAPPING/COVERING
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ T. BULK TANKAGE REPAIRED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ U. GROUT CURTAIN CONSTRUCTED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ V. BOTTOM SEALED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ W. GAS CONTROL
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ X. FIRE CONTROL
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ Y. LEACHATE TREATMENT
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ Z. AREA EVACUATED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ 1. ACCESS TO SITE RESTRICTED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ 2. POPULATION RELOCATED
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

01 ☐ 3. OTHER REMEDIAL ACTIVITIES
04 DESCRIPTION

NA

02 DATE _____

03 AGENCY _____

III. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA, State File Material



**POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 11 - ENFORCEMENT INFORMATION**

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
KY	D006375737

II. ENFORCEMENT INFORMATION

01 PAST REGULATORY/ENFORCEMENT ACTION ☐ YES ☐ NO

02 DESCRIPTION OF FEDERAL, STATE, LOCAL REGULATORY/ENFORCEMENT ACTION

III. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analyses, reports)

POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT

General Information

The Potential Hazardous Waste Site, Site Inspection Report form is used to record information collected during, or associated with, an inspection of the site and other information about responsible parties and past response activities.

The Site Inspection Report form contains eleven parts:

- Part 1 – Site Location and Inspection Information
- Part 2 – Waste Information
- Part 3 – Description of Hazardous Conditions and Incidents
- Part 4 – Permit and Descriptive Information
- Part 5 – Water, Demographic, and Environmental Data
- Part 6 – Sample and Field Information
- Part 7 – Owner Information
- Part 8 – Operator Information
- Part 9 – Generator/Transporter Information
- Part 10 – Past Response Activities
- Part 11 – Enforcement Information

Part 1 – Site Location and Inspection Information contains all of the data elements also contained on the Site Identification and Preliminary Assessment forms required to add a site to the automated Site Tracking System (STS). It is therefore possible to add a site to STS at the Site Inspection stage. Instructions are given below.

Part 2 – Waste Information and Part 3 – Description of Hazardous Conditions and Incidents are used to record specific information about substances, amounts, hazards, and targets, e.g., population potentially affected. Parts 2 and 3 are also contained in the Potential Hazardous Waste Site, Preliminary Assessment form. Information recorded on Part 2 and Part 3 during a preliminary assessment may be updated, added, deleted, or corrected on the Site Inspection Report form.

An Appendix with feedstock names and CAS Numbers and the most frequently cited hazardous substances and CAS Numbers is located behind the instructions for the Site Inspection Report.

A number of the data items collected throughout the Site Inspection Report support the Site Ranking Model. The majority of these data items are found in Part 5 – Water, Demographic, and Environmental Data.

General Instructions

1. Complete the Site Inspection Report form as completely as possible.
2. Starred items (*) are required before inspection information can be added to STS. The system will not accept incomplete inspection information.
3. To add a site to STS at the Site Inspection stage, write "New" across the top of the form and complete items 11-01, 02, 03, 04, and 06, Site Name and Location, 11-09 Coordinates, and 11-10, Type of Ownership.
4. Data items carried in STS, which are identical to those on the Site Identification and Preliminary Assessment forms and which can be added, deleted, or changed using the

Site Inspection Report form, are indicated with a pound sign (#). To ensure that the proper action is taken, outline the item(s) to be added, deleted, or changed with a bright color and indicate the proper action with "A" (add), "D" (delete) or "C" (change).

5. There are two options available for adding, deleting, or changing information supplied on the Site Inspection Report form. The first is to use a new Site Inspection Report form, completing only those items to be added, deleted, or changed. Mark the form clearly, using "A", "D", or "C", to indicate the action to be taken. If only data in STS are to be altered, the Site Source Data Report may be used. Using the report, mark clearly the items to be changed and the action to be taken.

Detailed Instructions

Part 1 Site Location and Inspection Information

- I. Identification: Identification (State and Site Number) is the site record key, or primary identifier, for the site. Site records in the STS are updated based on Identification. It is essential that State and Site Number are correctly entered on each form.
 - *1-01 State: Enter the two character alpha FIPS code for the state in which the site is located. It must be identical to State on the Site Identification form.
 - *1-02 Site Number: Enter the ten character alphanumeric code for sites which have a Dun and Bradstreet or EPA "user" Dun and Bradstreet number or the ten character numeric GSA identification code for federal sites. The Site Number must be identical to the Site Number on the Site Identification and Preliminary Assessment forms.
- II. Site Name and Location: If Site Name and Location information require no additions or changes, these items are not required on the Site Inspection Report form. However, completing these items will facilitate use of the completed form and records management procedures.
 - #11-01 Site Name: Enter the legal, common, or descriptive name of the site.
 - #11-02 Site Street: Enter the street address and number (if appropriate) where the site is located. If the precise street address is unavailable for this site, enter brief direction identifier, e.g., NW Jct I-295 & US 99; Post Rd, 5 mi W of Rt. 5.
 - #11-03 Site City: Enter the city, town, village, or other municipality in which the site is located. If the site is not located in a municipality, enter the name of the municipality (or place) which is nearest the site or which most easily locates the site.
 - #11-04 Site State: Enter the two character alpha FIPS code for the state in which the site is located. The code must be the same as in item 1-01.
 - #11-05 Site Zip Code: Enter the five character numeric zip code for the postal zone in which the site is located.

- #II-06 Site County: Enter the name of the county, parish (Louisiana), or borough (Alaska) in which the site is located.
- #II-07 County Code: Enter the three character numeric FIPS county code for the county, parish, or borough in which the site is located. (The regional data analyst can furnish this data item.)
- #II-08 Site Congressional District: Enter the two character number for the congressional district in which the site is located.
- *#II-09 Coordinates: Enter the Coordinates, Latitude and Longitude, of the site in degrees, minutes, seconds, and tenths of seconds. If a tenth of a second is insignificant at this site, enter "0" in the tenths position.
- #II-10 Type of Ownership: Check the appropriate box to indicate the type of site ownership. If the site is under the jurisdiction of an activity of the federal government, enter the name of the department, agency, or activity. If Other is indicated, specify the type of ownership and name.

III. Inspection Information

- *III-01 Date of Inspection: Enter the date the inspection occurred, or began for multiple day inspections.
- *III-02 Site Status: Check the appropriate box(es) to indicate the current status of the site. Active sites are those which treat, store, or dispose of wastes. Check Active for those active sites with an inactive storage or disposal area. Inactive sites are those at which treatment, storage, or disposal activities no longer occur.
- #III-03 Years of Operation: Enter the beginning and ending years (or beginning only if operations at the site are on-going), e.g., 1878/1932, of site operation. Check Unknown if years of operation are not known.
- *III-04 Agency Performing Inspection: Check the appropriate box(es) to indicate parties participating in the inspection. If contractors participate, provide the name of the firm(s).
- III-05 Chief Inspector: Enter the name of the chief, or lead inspector.
- III-06 Title: Enter the Chief Inspector's title, e.g., Team Leader, FIT team.
- III-07 Organization: Enter the name of the organization where the Chief Inspector is employed, e.g., EPA - Region 4, VA State Health Dept., Environmental Research Co.
- III-08 Telephone Number: Enter the Chief Inspector's area code and local commercial telephone number.
- III-09 Other Inspectors: Enter the names of other parties participating in the inspection.
- III-10 Title: Enter the titles of other parties participating in the inspection.
- III-11 Organization: Enter the names of the organizations where other parties participating in the inspection are employed.
- III-12 Telephone Number: Enter the area code and local commercial telephone numbers of other parties participating in the inspection.

- III-13 Site Representatives Interviewed: Enter the names of individuals representing responsible parties interviewed in connection with the inspection. Interviews do not necessarily occur during the inspection.
- III-14 Title: Enter the titles of the individuals interviewed.
- III-15 Address: Enter the business, mailing, or residential addresses of the individuals interviewed.
- III-16 Telephone Number: Enter the area code and local commercial telephone numbers of the individuals interviewed.
- III-17 Access Gained By: Check the appropriate box to indicate whether access to the site was gained through permission or warrant.
- III-18 Time of Inspection: Using a 24-hour clock, enter the time the inspection began, e.g., for 3:24 p.m. enter 1524.
- III-19 Weather Conditions: Describe the weather conditions during the site inspection, especially any unusual conditions which might affect results or observations taken.

IV. Information Available From

- IV-01 Contact: Enter the name of the individual who can provide information about the site.
- IV-02 Of: If appropriate, enter the name of the public or private agency, firm, or company and the organization within the agency, firm, or company of the individual named as Contact.
- IV-03 Telephone Number: Enter the area code and local telephone number of the individual named as contact.
- IV-04 Person Responsible for Site Inspection Report Form: Enter the name of the individual who was responsible for the information entered on the Site Inspection Report form. The person responsible for the Site Inspection Report form may be different from the individual who prepared the form.
- IV-05 Agency: Enter the name of the Agency where the individual who is responsible for the Site Inspection Report form is employed.
- IV-06 Organization: Enter the name of the organization within the Agency.
- IV-07 Telephone Number: Enter the area code and local telephone number of the individual who is responsible for the Site Inspection Report form.
- IV-08 Date: Enter the date the Site Inspection Report form was prepared.

Part 2 Waste Information

- *I. Identification: Refer to Part 1-I.
- II. Waste States, Quantities, and Characteristics: Waste States, Quantities, and Characteristics provide information about the physical structure and form of the waste, measures of gross amounts at the site, and the hazards posed by the waste, considering acute and chronic health effects and mobility along a pathway.

- *II-01 **Physical States:** Check the appropriate box(es) to indicate the state(s) of waste present at the site. If Other is indicated, specify the physical state of the waste.
- *II-02 **Waste Quantity at Site:** Enter estimates of amounts of waste at the site. Estimates may be in weight (Tons) or volume (Cubic Yards or Number of Drums). Use as many entries as are appropriate; however, measurements must be independent. For example, do not measure the same amounts of waste as both tons and cubic yards.
- *II-03 **Waste Characteristics:** Check all appropriate entries to indicate the hazards posed by waste at the site. If waste at the site poses no hazard, check Not Applicable.
- III. **Waste Category:** General categories of waste typically found are listed here. Enter the estimated gross amount of each category of waste and the appropriate unit of measure.
- *III-01 **Gross Amount:** Gross Amount is the estimate of the amount of the waste category found at the site. Estimates should be furnished in metric tons (MT), tons (TN), cubic meters (CM), cubic yards (CY), drums (DR), acres (AC), acre feet (AF), liters (LT), or gallons (GA). Enter the estimated amount next to the appropriate waste category.
- *III-02 **Unit of Measure:** Enter the appropriate unit of measure, MT (metric tons), TN (tons), CM (cubic meters), CY (cubic yards), DR (number of drums), AC (acres), AF (acre feet), LT (liters), or GA (gallons) next to the estimate of gross amount.
- III-03 **Comments:** Comments may be used to further explain, or provide additional information, about particular waste categories.
- IV. **Hazardous Substances:** Specific hazardous, or potentially hazardous, chemicals, mixtures, and substances found at the site are listed here. For each substance listed those data items marked with an "at" sign (@) must be included.
- @IV-01 **Category:** Enter in front of the substance name the three character waste category from Section III which best describes the substance, e.g., OLW (Oily Waste).
- @IV-02 **Substance Name:** Enter one of the following: the name of the substance registered with the Chemical Abstract Service, the common or accepted abbreviation of the substance, the generic name of the substance, or commercial name of the substance.
- @IV-03 **CAS Number:** Enter the number assigned to the substance when it was registered with the Chemical Abstract Service. Refer to the Appendix for most frequently cited CAS Numbers. CAS Numbers must be furnished for each substance listed. If a CAS Number for this substance has not been assigned, enter "999".
- @IV-04 **Storage/Disposal Method:** Enter the type of storage or disposal facility in which the substance was found: SI (surface impoundment, including pits, ponds, and lagoons), PL (pile), DR (drum), TK (tank), LF (landfill), LM (landfarm), OD (open dump).
- IV-05 **Concentration:** Enter the concentration of the substance found in samples taken at the site.
- IV-06 **Measure of Concentration:** Enter the appropriate unit of measure for the measured concentration of the substance found in the sample, e.g., MG/L, UG/L.
- V. **Feedstocks**
- V-01 **Feedstock Name:** If feedstocks, or substances derived from one or more feedstocks, are present at the site, enter the name of each feedstock found. See the Appendix for the feedstock list.
- V-02 **CAS Number:** Enter the CAS Number for each feedstock named. See the Appendix for feedstock CAS Numbers.
- VI. **Sources of Information:** List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.
- Part 3 **Description of Hazardous Conditions and Incidents**
- *I. **Identification:** Refer to Part 1-I.
- II. **Hazardous Conditions and Incidents:**
- II-01 **Hazards:** Indicate each hazardous, or potentially hazardous, condition known, or claimed, to exist at the site.
- II-02 **Observed, Potential, or Alleged:** Check Observed and enter the date, or approximate date, of occurrence if a release of contaminants to the environment, or some other hazardous incident, is known to have occurred. In cases of a continuing release, e.g., groundwater contamination, enter the date, or approximate date, the condition first became apparent. If conditions exist for a potential release, check potential. Check Alleged for hazardous, or potentially hazardous, conditions claimed to exist at the site.
- II-03 **Population Potentially Affected:** For each hazardous condition at the site, enter the number of people potentially affected. For Soil enter the number of acres potentially affected.
- II-04 **Narrative Description:** Provide a narrative description, or explanation, of each condition. Include any additional information which further explains the condition.
- II-05 **Description of Any Other Known, Potential, or Alleged Hazards:** Provide a narrative description of any other hazardous, or potentially hazardous, conditions at the site not covered above.
- III. **Total Population Potentially Affected:** Enter the total number of people potentially affected by the existence of hazardous, or potentially hazardous, conditions at the site. Do not sum the numbers shown for each condition.
- IV. **Comments:** Other information relevant to observed, potential, or alleged hazards may be entered here.

- V. **Sources of Information:** List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.

Part 4 Permit and Descriptive Information

- *I. **Identification:** Refer to Part 1—I.

II. Permit Information

- II-01 **Type of Permit Issued:** Check the appropriate box(es) to indicate the types of permits issued to the site. If state, local, or other types of environmental permits have been issued, specify the type.
- II-02 **Permit Number:** Enter the permit number for each issued permit.
- II-03 **Date Issued:** Enter the date each permit was issued.
- II-04 **Expiration Date:** Enter the date each permit expires or expired.
- II-05 **Comments:** Enter any information which further explains the types of permits issued or status of the permits.

III. Site Description

- *III-01 **Storage/Disposal:** Check the appropriate box(es) to indicate the types of storage/disposal facilities found at the site. If Other is checked, specify the type of facility.
- *III-02 **Amount:** Enter the gross amount of waste associated with each type of storage/disposal facility. Amounts may be measured in: metric tons, tons, cubic meters, cubic yards, drums, acres, acre feet, liters, or gallons.
- *III-03 **Unit of Measure:** Enter the appropriate unit of measure for each entry. Units of measure are MT (metric tons), TN (tons), CM (cubic meters), CY (cubic yards), DR (drums), AC (acres), AF (acre feet), LT (liters), or GA (gallons).
- *III-04 **Treatment:** If waste is treated at the site, check the appropriated box(es) to indicate treatment methods used. If Other is checked, specify treatment method.
- III-05 **Other:** If there are buildings on site, check this box.
- *III-06 **Area of Site:** Enter total area of site in acres.
- III-07 **Comments:** Enter any other pertinent information.

- IV. **Containment:** Containment is a measure of the natural or artificial means taken to minimize or preclude health hazards and to minimize or prevent contamination of the environment from waste at the site.

- *IV-01 **Containment of Wastes:** Check the appropriate box to indicate the condition of containment measures at the site. When choosing the appropriate box, consider the potential for environmental contamination, i.e., the worst case for containment in conjunction with the most hazardous substances.
- IV-02 **Description of Drums, Diking, Liners, Barriers:** Provide a narrative description of the condition of containment measures at the site, e.g., waste ade-

quately contained, drums rusting and leaking, diking collapsing, liners leaking and contaminants leaching into soil and groundwater.

- V. **Accessibility:** Accessibility is an indicator of the potential for direct contact with hazardous substances.

- *V-01 **Waste Easily Accessible:** If there are no real barriers preventing human access to hazardous waste, check Yes, otherwise check No.

- V-02 **Comments:** Additional information about accessibility to hazardous waste may be provided.

- VI. **Sources of Information:** List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.

Part 5 Water, Demographic, and Environmental Data

- *I. **Identification:** Refer to Part 1—I.

II. Drinking Water Supply

- II-01 **Type of Drinking Water Supply:** Check the appropriate box(es) to indicate the types and sources of drinking water within the vicinity of the site. Community refers to municipal sources. Non-community refers to private sources, e.g., private wells.
- II-02 **Status:** Check the appropriate box(es) to indicate whether the water supply is endangered or affected by contaminants from the site. Check the appropriate box to indicate if the water supply is being monitored for possible contamination.
- II-03 **Distance to Site:** Enter the distance in miles to the nearest tenth, hundredth, or thousandth (as needed to indicate the precision required) from the site to nearest drinking water source.

III. Groundwater

- III-01 **Groundwater Use in Vicinity:** Check the appropriate box to indicate groundwater use in the vicinity of the site. The concern is to indicate the seriousness of groundwater contamination from waste at the site. Only Source for Drinking indicates that current water sources are limited to wells in the vicinity of the site. Drinking; Commercial, Industrial, Irrigation indicates that groundwater is used for drinking, but that other limited drinking sources are available and that no other sources for these additional uses are available. Commercial, Industrial, Irrigation indicates that groundwater is used for these purposes, but that limited other sources of water are available. Not used, Unuseable indicates that groundwater use in the area is not critical.

- III-02 **Population Served by Groundwater:** Enter the number of people served by groundwater in the vicinity of the site. Population for the purposes of the Site Inspection Report includes residents and daytime workers and students but excludes transients in the neighborhood or on local highways and roads. When estimating population from aerial photographs or other sources, the conversion factor is 3.8 persons for each dwelling unit or 3 persons per acre in rural areas.

- III-03 Distance to Nearest Drinking Water Well: Enter the distance in miles to the nearest tenth, hundredth, or thousandth (as needed to indicate the precision required) from the site to the nearest drinking water well.
- III-04 Depth to Groundwater: Enter the depth in feet to groundwater.
- III-05 Depth of Groundwater Flow: Enter the cardinal direction of groundwater flow, e.g., NNW.
- III-06 Depth to Aquifer of Concern: Enter the depth in feet to the aquifer of concern.
- III-07 Potential Yield of Aquifer: Enter the potential yield of the aquifer in gallons per day.
- III-08 Sole Source Aquifer: Check the appropriate box to indicate the aquifer of concern is, or is not, a sole source aquifer.
- III-09 Description of Wells: Provide a narrative description of wells in the vicinity of the site, including usage, depth, and location relative to population and buildings.
- III-10 Recharge Area: Check the appropriate box to indicate the site is located in a recharge area. Comments provide additional information on the recharge area.
- III-11 Discharge Area: Check the appropriate box to indicate the site is located in a discharge area. Comments provide additional information on the discharge area.

IV. Surface Water

- IV-01 Surface Water Use: Check the appropriate box to indicate surface water use in the vicinity of the site. The order of precedence is Reservoir, Recreation, Drinking Water Source; Irrigation, Economically Important Reserves; Commercial/Industrial; Not Currently Used.
- IV-02 Affected/Potentially Affected Bodies of Water: Enter the names of bodies of surface water affected, or potentially affected, by contaminants from the site. List the body of surface water nearest the site first. For each body of water check Affected if contaminants have been identified in samples of the water. Enter the shortest distance from the body of water to the site in miles to the nearest tenth, hundredth, or thousandth (as needed to indicate the precision required).

V. Demographic and Property Information

- V-01 Total Population Within: Enter the total population within one (1) mile, two (2) miles, and three (3) miles of the site. Distances are measured from site boundaries. Population for the purposes of the Site Inspection Report includes residents and daytime workers and students but excludes transients in the neighborhood or on local highways and roads. When estimating population from aerial photographs or other sources, the conversion factor is 3.8 persons for each dwelling unit or 3 persons per acre in rural areas.
- V-02 Distance to Nearest Population: Enter in miles to the nearest tenth, hundredth, or thousandth (as needed to indicate the precision required) the dis-

tance from the site boundary to the nearest population (one person minimum).

- V-03 Number of Buildings Within Two (2) Miles of Site: Enter the number of buildings within two miles from the boundaries of the site.
- V-04 Distance to Nearest Off-Site Building: Enter the distance in miles to the nearest tenth, hundredth, or thousandth (as needed to indicate the precision required) from the site boundary to the nearest off-site building.
- V-05 Population in Vicinity of Site: Provide a narrative description of the nature of the population within the vicinity of the site. Examples include rural area, small truck farms, urban industrial area, densely populated urban residential area.

VI. Environmental Information

- VI-01 Permeability of Unsaturated Zone: Check the appropriate box to indicate the permeability of the earth material above the water table in the vicinity of the site.
- VI-02 Permeability of Bedrock: Check the appropriate box to indicate the permeability of the bedrock in the vicinity of the site.
- VI-03 Depth to Bedrock: Enter the depth to bedrock in feet.
- VI-04 Depth of Contaminated Soil Zone: Enter the depth of the contaminated soil zone in feet.
- VI-05 Soil pH: Enter the pH of the soil in the vicinity of the site.
- VI-06 Net Precipitation: Enter net precipitation in inches. If net precipitation is not known, subtract the average evaporation figure on the U.S. National Weather Service map showing average annual evaporation in inches from the U.S. Environmental Data Service map showing mean annual precipitation.
- VI-07 One Year 24 Hour Rainfall: Enter in inches the figure for one year 24 hour rainfall.
- VI-08 Slope: Enter the percentage of site slope, the direction of site slope, and the percentage of the surrounding terrain average slope.
- VI-09 Flood Potential: Enter the boundary year for the floodplain in which the site is located. Sites flooded annually are in a 1 (one) year floodplain. Other examples include 10, 20, 50, 100, 500, etc., indicating the probability of flooding within that time period.
- VI-10 Site is on Barrier Island, Coastal High Hazard Area, Riverine Floodway: If site is located in one of these areas, check this box.
- VI-11 Distance to Wetlands: If applicable, enter the distance in miles to the nearest tenth, hundredth, or thousandth (as needed to indicate the precision required) from the site to the closest wetlands (five acre minimum) for Estuarine and Other types of wetlands.
- VI-12 Distance to Critical Habitat: If applicable, enter the distance in miles to the nearest tenth, hundredth, or thousandth (as needed to indicate the precision required) from the site to the nearest critical habitat

of an endangered species. Enter the name(s) of the endangered species.

VI-13 Land Use in Vicinity: Enter the distance in miles to the nearest tenth, hundredth, or thousandth (as needed to indicate the precision required) to the nearest Commercial/Industrial area; Residential Area, National/State Parks, Forests, or Wildlife Reserves; or Agricultural Lands, Prime Ag Land and Ag Land. Prime Ag Land is that crop, pasture, range, or forest land which produces the highest yield in relation to inputs. Ag Land is the remaining agricultural land, frequently considered marginal.

VI-14 Description of Site in Relation to Surrounding Topography: Provide a narrative description of significant or unusual aspects of the surrounding topography in relation to the site. Examples might include: site is in a valley surrounded on all sides by mountains, site is at edge of a river or stream which floods frequently, etc.

VII. Sources of Information: List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.

Part 6 Sample and Field Information

*I. Identification: Refer to Part 1-I.

II. Samples Taken

II-01 Number of Samples Taken: Next to each sample type enter the number of samples of that type taken.

II-02 Samples Sent To: Enter the name of the laboratory or other facility where the samples were sent for analysis.

II-03 Estimated Date Results Available: Enter the estimated date the results are expected to be available.

III. Field Measurements Taken

III-01 Type: Enter the type, e.g., radioactivity, explosivity, organic vapor or gas detection and analysis, reagent type gas detection, of each field measurement taken.

III-02 Comments: Describe results of field measurements, whether they were taken on or off site, and if applicable, the type of disposal facility tested, e.g., drum, surface impoundment, landfill.

IV. Photographs and Maps

IV-01 Type: If photographs of the site have been taken, check the appropriate box(es) to indicate the type.

IV-02 In Custody Of: Enter the name of the organization or person who has custody of the photographs.

IV-03 Maps: Check the appropriate box to indicate that maps of the site area have been prepared or obtained.

IV-04 Location of Maps: If site maps are available, indicate their location, e.g., Region 1 Air and Hazardous Materials Division.

V. Other Field Data Collected: Provide a narrative description of any other field data collected.

VI. Sources of Information: List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.

Part 7 Owner Information

*I. Identification: Refer to Part 1-I.

II. Current Owner(s) - Parent Company: Current owner(s) and parent companies, for those owners which are companies partly or wholly owned by another company, provide locator information about responsible parties. Each Part 7 provides space for four (4) current owners and their respective parent companies. If additional space is required, complete another Part 7.

II-01 Name: Enter the legal name of the owner of the site. The owner may be a firm, government agency, association, individual, etc.

II-02 D&B Number: Where available, enter the owner's D&B (Dun and Bradstreet) number. If the current owner is a federal agency, enter the GSA identification code.

II-03 Street Address: Enter the business, mailing, or residential street address of the owner.

II-04 SIC Code: If applicable, enter the owner's primary SIC Code.

II-05 City: Enter the city of the owner's business, mailing, or residential address.

II-06 State: Enter the two character alpha FIPS code for the state of the owner's business, mailing, or residential address.

II-07 Zip Code: Enter the five digit zip code for the owner's business, mailing, or residential address.

II-08 Name: If the owner is a partly or wholly owned subsidiary of another company, enter the legal name of the owner's parent company.

II-09 D&B Number: Enter the parent company's Dun and Bradstreet number.

II-10 Street Address: Enter the business or mailing street address of the parent company.

II-11 SIC Code: If applicable, enter the parent company's primary SIC code.

II-12 City: Enter the city of the parent company's business or mailing address.

II-13 State: Enter the two character alpha FIPS code for the state of the parent company's business or mailing address.

II-14 Zip Code: Enter the five digit zip code for the parent company's business or mailing address.

III. Previous Owner(s): List previous owners in reverse chronological order, i.e., most recent first. If additional space is required, complete another Part 7.

III-01 Name: Enter the legal name of the previous owner. The previous owner may have been a firm, government agency, association, individual, etc.

- III-02 D&B Number: Enter the previous owner's Dun and Bradstreet number if available. If the previous owner was a federal agency, enter the GSA identification code if available.
- III-03 Street Address: Enter the business, mailing, or residential street address of the previous owner.
- III-04 SIC Code: If applicable, enter the primary SIC Code of the previous owner.
- III-05 City: Enter the city of the previous owner's business, mailing, or residential address.
- III-06 State: Enter the two character alpha FIPS code for the state of the previous owner's business, mailing, or residential address.
- III-07 Zip Code: Enter the zip code of the previous owner's business, mailing, or residential address.
- IV. Realty Owner(s): Realty owner applies when the owner leased to another entity property which was used for the storage or disposal of hazardous waste. List current or most recent first.
- IV-01 Name: Enter the legal name of the realty owner. The realty owner may be a firm, government agency, association, individual, etc.
- IV-02 D&B Number: Enter the previous owner's Dun and Bradstreet number if available. If the previous owner was a federal agency, enter the GSA identification code if available.
- IV-03 Street Address: Enter the realty owner's business, mailing, or residential street address.
- IV-04 SIC Code: If applicable, enter the realty owner's primary SIC Code.
- IV-05 City: Enter the city of the realty owner's business, mailing, or residential address.
- IV-06 State: Enter the two character alpha FIPS code for the state of the realty owner's business, mailing, or residential address.
- IV-07 Zip Code: Enter the zip code of the realty owner's business, mailing, or residential address.
- V. Sources of Information: List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.

Part 8 Operator Information

- *I. Identification: Refer to Part 1—I.
- II. Current Operator—Operator's Parent Company: Information on operators is applicable when the operator is not the owner.
- II-01 Name: Enter the legal name of the operator. The operator may be a firm, government agency, association, individual, etc.
- II-02 D&B Number: Enter the operator's Dun and Bradstreet number if available. If the operator is a federal agency, enter the GSA identification code if available.

- II-03 Street Address: Enter the operator's business, mailing, or residential street address.
- II-04 SIC Code: If applicable, enter the operator's primary SIC Code.
- II-05 City: Enter the city of the operator's business, mailing, or residential address.
- II-06 State: Enter the two character alpha FIPS code for the state of the operator's business, mailing, or residential address.
- II-07 Zip Code: Enter the zip code of the operator's business, mailing, or residential address.
- II-08 Years of Operation: Enter the beginning and ending years (or beginning only if operations are on-going), e.g., 1932/1948, of operation at the site.
- II-09 Name of Owner: Enter the name of the owner for the period cited for this operator.
- II-10 Name: If applicable, enter the legal name of the operator's parent company.
- II-11 D&B Number: Enter the operator's parent company Dun and Bradstreet number if available.
- II-12 Street Address: Enter the operator's parent company business, mailing, or residential street address.
- II-13 SIC Code: If applicable, enter the operator's parent company primary SIC Code.
- II-14 City: Enter the city of the operator's parent company business, mailing, or residential address.
- II-15 State: Enter the two character alpha FIPS code for the state of the operator's parent company business, mailing, or residential address.
- II-16 Zip Code: Enter the zip code of the operator's parent company business, mailing, or residential address.
- III. Previous Operator(s)—Previous Operators' Parent Companies
- III-01 Name: Enter the legal name of the previous operator. The previous operator may be a firm, government agency, association, individual, etc.
- III-02 D&B Number: Enter the previous operator's Dun and Bradstreet number if available. If the previous operator was a federal agency, enter the GSA identification code if available.
- III-03 Street Address: Enter the previous operator's business, mailing, or residential street address.
- III-04 SIC Code: If applicable, enter the previous operator's primary SIC Code.
- III-05 City: Enter the city of the previous operator's business, mailing, or residential address.
- III-06 State: Enter the two character alpha FIPS code for the state of the previous operator's business, mailing, or residential address.
- III-07 Zip Code: Enter the zip code of the previous operator's business, mailing, or residential address.
- III-08 Years of Operation: Enter the beginning and ending years of operation for this operator at the site.
- III-09 Name of Owner: Enter the name of the owner for the period cited for this operator.

III-10 Name: If applicable, enter the legal name of the previous operator's parent company.

III-11 D&B Number: Enter the previous operator's parent company Dun and Bradstreet number if available.

III-12 Street Address: Enter the previous operator's parent company business, mailing, or residential street address.

III-13 SIC Code: If applicable, enter the previous operator's parent company primary SIC Code.

III-14 City: Enter the city of the previous operator's parent company business, mailing, or residential address.

III-15 State: Enter the two character alpha FIPS code for the state of the previous operator's parent company business, mailing, or residential address.

III-16 Zip Code: Enter the zip code of the previous operator's parent company business, mailing, or residential address.

IV. Sources of Information: List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.

Part 9 Generator/Transporter Information

*I. Identification: Refer to Part 1-I.

II. On-Site Generator: A company or agency, located within the contiguous area of the site and generating waste disposed on the site, is entered here.

II-01 Name: If there is an on-site generator, enter the legal name of the on-site generator. The on-site generator may be a firm or government agency.

II-02 D&B Number: Where available, enter the on-site generator's D&B (Dun and Bradstreet) number. If the on-site generator is a federal agency, enter the GSA identification code.

II-03 Street Address: Enter the business or mailing street address of the on-site generator.

II-04 SIC Code: If applicable, enter the on-site generator's primary SIC Code.

II-05 City: Enter the city of the on-site generator's business or mailing address.

II-06 State: Enter the two character alpha FIPS code for the state of the on-site generator's business or mailing address.

II-07 Zip Code: Enter the five digit zip code for the on-site generator's business or mailing address.

III. Off-Site Generator(s): Those companies or agencies off-site who have generated waste which has been disposed at the site are listed here.

III-01 Name: Enter the legal name of the off-site generator. The off-site generator may be a firm or government agency.

III-02 D&B Number: Where available, enter the off-site generator's D&B (Dun and Bradstreet) number. If the off-site generator is a federal agency, enter the GSA identification code.

III-03 Street Address: Enter the business or mailing street address of the off-site generator.

III-04 SIC Code: If applicable, enter the off-site generator's primary SIC Code.

III-05 City: Enter the city of the off-site generator's business or mailing address.

III-06 State: Enter the two character alpha FIPS code for the state of the off-site generator's business or mailing address.

III-07 Zip Code: Enter the five digit zip code for the off-site generator's business or mailing address.

IV. Transporter(s): Those carriers who are known to have transported waste to the site are listed here.

IV-01 Name: Enter the legal name of the transporter. The transporter may be a firm, government agency, association, individual, etc.

IV-02 D&B Number: Where available, enter the transporter's D&B (Dun and Bradstreet) number. If the transporter is a federal agency, enter the GSA identification code.

IV-03 Street Address: Enter the business, mailing, or residential street address of the transporter.

IV-04 SIC Code: If applicable, enter the transporter's primary SIC Code.

IV-05 City: Enter the city of the transporter's business, mailing, or residential address.

IV-06 State: Enter the two character alpha FIPS code for the state of the transporter's business, mailing, or residential address.

IV-07 Zip Code: Enter the five digit zip code for the transporter's business, mailing, or residential address.

V. Sources of Information: List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.

Part 10 Past Response Activities

*I. Identification: Refer to Part 1-I.

II. Past Response Activities

II-01 Past Response Activities: Check the appropriate box(es) to indicate response activities initiated prior to the passage of CERCLA, December, 1980.

II-02 Date: Enter the start date (or approximate date) of the activity.

II-03 Agency: Enter the name of the Agency responsible for the activity.

II-04 Description: Provide a brief narrative description of the activity.

III. Sources of Information: List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.

SITE INSPECTION REPORT

Part 11 Enforcement Information

*I. Identification: Refer to Part 1-I.

II. Enforcement Information

II-01 Past Regulatory/Enforcement Action: Check the appropriate box to indicate past regulatory or enforcement action at the federal, state, or local level related to this site.

II-02 Description of Federal, State, Local Regulatory or Enforcement Action: Provide a narrative description

of regulatory or enforcement action to date. Do not include any enforcement action contemplated in the process of development.

III.

Sources of Information: List the sources used to obtain information for this form. Sources cited may include: sample analysis, reports, inspections, official records, or other documentation. Sources cited provide the basis for information entered on the form and may be used to obtain further information about the site.



1927 LAKESIDE PARKWAY
SUITE 614
TUCKER, GEORGIA 30084
404-938-7710

C-586-4-8-49

April 14, 1988

Mr. Robert Jourdan
Site Investigation and Support Branch
Waste Management Division
Environmental Protection Agency
345 Courtland Street, N.E.
Atlanta, Georgia 30365

Date: 4/28/88
Site Disposition: NECRA
EPA Project Manager: RM

Subject: Preliminary Reassessment
IBM Corporation
Lexington, Fayette County, Kentucky
KYD006375737
TDD No. F4-8801-04

Dear Mr. Jourdan:

FIT conducted a preliminary reassessment of the IBM Corporation in Lexington, Fayette County, Kentucky. This included a review of all available file material, target survey and a reconnaissance of the area around the facility.

IBM is located at 740 New Circle Road in Lexington and manufactures typewriters and ribbons. Hazardous wastes are generated by cleaning, finishing and coating operations. IBM utilizes an on-site industrial waste pretreatment unit to treat some concentrated metal finishing baths and associated rinse waters. Some of the concentrated metal finishing wastes are hauled to EPA permitted treatment and/or disposal facilities (Refs. 1, 2). Hazardous wastes at the facility are stored in DOT approved drums and storage tanks (Ref. 3).

In 1980, IBM began detecting acetone, isopropyl alcohol, toluene, 1,1,1-trichloroethane, ethyl benzene, benzene, and 1,1-dichloroethane in on-site groundwater monitoring wells. Trichloroethylene was detected in a tributary to Cane Run Creek which flows through the IBM property (Refs. 2,4,5).

The contaminated groundwater is contained in two isolated areas which measure approximately 120 and 60 square feet. The source of contamination and the length of time it has been present is unknown. IBM has installed perimeter wells around these areas and most of the property boundary (Refs. 4,5). IBM is working with the EPA in an effort to clean the contaminated groundwater and has proposed a remediation plan (Refs. 5,6,7).

IBM Corporation in Lexington is located in the Inner Blue Grass Region of northern Kentucky, in Fayette County. The average temperature of the region is 55°F and the annual precipitation ranges from 39 to 47 inches (Ref. 8). The one-year twenty-four-hour rainfall is approximately 2.75 inches (Ref. 9). This area is a gently rolling upland.

Mr. Robert Jourdan
Environmental Protection Agency
April 14 - Page two

There are several prominent aquifers in this region, distinguished by formation. On the surface, there is an aquifer referred to as the Alluvial aquifer. This aquifer is generally fine-grained and contains some lenses of coarse sand and gravel. Water can be obtained from this formation, but the yield is small and can only accommodate domestic use (Refs. 8,10).

The primary aquifer is present in the Lexington Limestone of Ordovician age. There has been extensive dissolution of this limestone, which causes underground drainage that eventually may surface to form springs. Also common in this formation are karstic landforms such as sinkholes, caverns, and sinking streams. The sinkholes may range from 20 to 60 feet deep and measure as much as 1 square mile in area. Most of the water obtained from wells in this area comes from solution channels in the limestone at relatively shallow depths. Descending in the rock column, there are increasing amounts of impermeable shale beds that restrict downward percolation of water (Refs. 8, 10).

Below the Lexington limestone lies the Eden Shale Belt. Consisting primarily of shale with small amounts of limestone interbedded, this formation is a secondary aquifer. Wells have been drilled successfully but the yield is low and water quality is poor (Refs. 8, 10).

Local precipitation is the most important source of recharge in this area. Eventually it returns to the surface as springs or seeps into preexisting surface water. Regional groundwater flow is toward the Ohio River; however, local flow is inhomogeneous and restricted by fractures and subsurface structures. The water table occurs from 30 to 100 feet below the surface. The quality of the groundwater depends on the depth at which it is found. Deep sources are highly mineralized while shallow sources are generally less mineralized. Wells dug in valleys as opposed to on ridge best results and shallow wells are the most favorable. Pumping may yield as high as 100 gpm (10).

The Kentucky American Water Department services the 3-mile area around the IBM facility and has no private wells in this area. They obtain their water from the Kentucky River south of Lexington (Refs. 11, 12). The IBM facility would have no influence on this intake (Ref. 12).

A tributary to Cane Run Creek flows through the IBM facility. Cane Run Creek flows north toward the N. Elkhorn Creek in Georgetown, Kentucky. Cane Run Creek is used for agricultural purposes (livestock, irrigation), fishing, and waste water discharge. N. Elkhorn Creek is used for drinking. The City of Georgetown has an intake on this creek; however, it is located upstream from the point where Cane Run Creek enters the N. Elkhorn Creek (Refs. 13, 14). Although the ranges of some endangered or threatened species include the State of Kentucky, there are no critical habitats designated in Fayette County (Ref. 15).

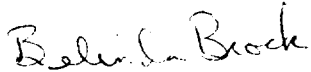
what about
ref 11

Mr. Robert Jourdan
Environmental Protection Agency
April 14, 1988 - Page three

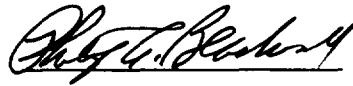
Based on the results of this evaluation, lack of target population, and the enclosures, FIT recommends no further remedial action be conducted at this facility.

Very truly yours,

Approved



Belinda Brock
Project Manager



BB/tb

Enclosures

cc: Betsy Shaver, EPA

REFERENCES

1. Burrus, Barry, 1984, Chief, Uncontrolled Sites Section. Kentucky Natural Resources and Environmental Protection Cabinet. Memorandum to Caroline Haight, Manager, Permit Review Branch. RE: Uncontrolled Site Close-out for IBM Corporation, Fayette County and Potential Hazardous Waste Site Preliminary Assessment. March 7, 1984.
2. U.S. EPA. IBM, Lexington, Kentucky Case Summary.
3. Kentucky Natural Resources and Environmental Protection Cabinet, Division of Waste Management. Waste Management Permit for the IBM Corporation in Lexington, Kentucky. Issue Date: December 15, 1983.
4. Hitchcock, A. Shane, 1980. U.S. EPA. Potential Hazardous Waste Site Identification and Preliminary Assessment for the IBM Corporation in Lexington, Kentucky. October 30, 1980.
5. Durbin, S. 1980. Environmental Engineer, IBM Corporation. Letter to Gregory Fraley, U.S. EPA RE: Meeting of April 4, 1980 - Groundwater contamination at the IBM Corporation. April 28, 1980.
6. Durbin, Scott. 1981. IBM Corporation. Letter to Herb Ray, Waste Water Review Section, Division of Water. RE: Meeting of April 2, 1981. Treatment of contaminated groundwater at the IBM Corporation. April 3, 1981.
7. Ray, Herb. 1981. Wastewater Review Section, Division of Water. Letter to Scott Durbin, IBM Corporation. RE: Withdrawal, Biotreatment, and Reinjection of Contaminated Groundwater. April 7, 1981.
8. Palmquist, W.N., Jr. and F.R. Hall, 1961. Reconnaissance of Groundwater Resources in the Blue Grass Region Kentucky. Geological Survey Water Supply Paper 1533.
9. Hershfield, David M., Rainfall Frequency Atlas of the United States. Technical paper No. 40 for Engineering Division, Soil Conservation Service, U.S. Department of Agriculture.
10. Hendrickson, G.E. and R.A. Krieger, 1964. Geochemistry of Natural Waters of the Blue Grass Region, Kentucky. Geological Survey Water Supply Paper 1700.
11. NUS Corporation, 1988. Field Logbook No. F4-622, IBM Corporation, Lexington, Kentucky. January 15, 1988. TDD No. F4-8801-04.
12. USGS Topographic Quadrangles: Lexington West, Kentucky, 1965, photorevised 1978; Lexington East, Kentucky, 1965, photorevised 1978; Georgetown, Kentucky, 1965, photorevised 1978; Centerville, Kentucky, 1954, photorevised 1978. U.S. Department of the Interior, Geological Survey, 7.5 Minute Series. Scale = 1:24,000.
13. Cook, Ken, 1988. Kentucky Natural Resources and Environmental Protection Cabinet, Division of Water. Telephone conversation with Belinda Brock, NUS Corporation. RE: Use of the Cane Run Creek and N. Elkhorn Creek in Fayette and Scott County. March 23, 1988.
14. Freedley Elizabeth, 1988. City of Georgetown, Kentucky. Telephone conversation with Belinda Brock, NUS Corporation. RE: Water Supply System for the City of Georgetown, Kentucky. March 23, 1988.
15. U.S. Fish and Wildlife Service - Region 4 - Atlanta. Endangered and Threatened Species.

REGION: 04
STATE : KY

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 1
RUN DATE: 04/28/87
RUN TIME: 08:16:12

M.2 - SITE MAINTENANCE FORM

		* ACTION: _	*
EPA ID : KYD006375737			
SITE NAME: IBM CORP	SOURCE: H	* _____	*
STREET : 740 NEW CIRCLE RD NW	CONG DIST: 06	* _____	*
CITY : LEXINGTON	ZIP: 40511	* _____	*
CNTY NAME: FAYETTE	CNTY CODE : 067	* _____	*
LATITUDE : 38/04/01.0	LONGITUDE : 084/29/01.5	* _/_/_.	*
LL-SOURCE: R	LL-ACCURACY:	* _	*
SMSA : 4280	HYDRO UNIT: 05100205	* _____	*
INVENTORY IND: Y	REMEDIAL IND: Y	REMOVAL IND: N	FED FAC IND: N
NPL IND: N	NPL LISTING DATE:	NPL DELISTING DATE:	
SITE/SPILL IDS:			
RPM NAME:	RPM PHONE: - -		
SITE CLASSIFICATION:	SITE APPROACH:	* _____	*
DIOXIN TIER:	REG FLD1:	REG FLD2: 2	* _____
RESP TERM: PENDING ()	NO FURTHER ACTION ()	* PENDING ()	NO FURTHER ACTION ()
ENF DISP: NO VIABLE RESP PARTY ()	VOLUNTARY RESPONSE ()	* _	*
ENFORCED RESPONSE ()	COST RECOVERY ()	* _	*
SITE DESCRIPTION:			
	* _____		
	* _____		
	* _____		
	* _____		

REGION: 04
STATE : KY

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 2
RUN DATE: 04/28/87
RUN TIME: 08:16:12

M.2 - PROGRAM MAINTENANCE FORM

SITE: IBM CORP

EPA ID: KYD006375737 PROGRAM CODE: H01 PROGRAM TYPE:

PROGRAM QUALIFIER: ALIAS LINK :

PROGRAM NAME: SITE EVALUATION

DESCRIPTION:

* ACTION: _

*

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REGION: 04
STATE : KY

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 3
RUN DATE: 04/28/87
RUN TIME: 08:16:12

M.2 - EVENT MAINTENANCE FORM

* ACTION: _

SITE: IBM CORP
PROGRAM: SITE EVALUATION

EPA ID: KYD006375737 PROGRAM CODE: H01

EVENT TYPE: DS1

FMS CODE: EVENT QUALIFIER :

EVENT LEAD: E

EVENT NAME: DISCOVERY

STATUS:

DESCRIPTION:

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

ORIGINAL

CURRENT

ACTUAL

START:

START:

START:

* / / / / *

COMP :

COMP :

COMP : 08/01/80

* _/_/_ _/_/_ _/_/_ *

HQ COMMENT:

* _ _ _ _ _ *

RG COMMENT:

* _ _ _ _ _ *

COOP AGR #

AMENDMENT #

STATUS

STATE %

0

* _ _ _ _ _ *

REGION: 04
STATE : KY

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 4
RUN DATE: 04/28/87
RUN TIME: 08:16:12

M.2 - EVENT MAINTENANCE FORM

SITE: IBM CORP
PROGRAM: SITE EVALUATION

EPA ID: KYD006375737 PROGRAM CODE: H01

EVENT TYPE: PA1

FMS CODE: EVENT QUALIFIER :

EVENT LEAD: S

EVENT NAME: PRELIMINARY ASSESSMENT

STATUS:

DESCRIPTION:

* ACTION: _

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

ORIGINAL

CURRENT

ACTUAL

START:

START:

START: 04/01/84

* / / / / *

COMP :

COMP :

COMP : 08/01/84

* _/_/_ _/_/_ _/_/_ *

HQ COMMENT:

* _ _ _ _ _ *

RG COMMENT:

* _ _ _ _ _ *

COOP AGR #

AMENDMENT #

STATUS

STATE X

0

* _ _ _ _ _ *

REGION: 04
STATE : KY

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 5
RUN DATE: 04/28/87
RUN TIME: 08:16:12

M.2 - COMMENT MAINTENANCE FORM

SITE: IBM CORP

EPA ID: KYD006375737

COM
NO COMMENT

001 PART A- ON FILE

002 LOW PRIORITY.

ACTION

*	-	_____	*
*		_____	*
*	-	_____	*
*		_____	*

IBM Corporation

PRELIMINARY ASSESSMENT CHECKLIST (revised 6/30/84)

SITE ID KYD 006375737 STATE RECOMMENDATION : No Further Action RCRA Facility
Further Investigation (To be completed by: _____) Other
Emergency/Remedial (Referred to _____)
 SITE NAME _____
 Checklist Reviewer (name & date) 8/3/84 JMT Contact (name & phone) _____ More information needed _____
Site Location Adequate _____ Type & Amount of Hazardous Waste _____ (Surface water name, population) _____
File Search Completed _____ Responsible Party (address & phone) _____ Accepted for entering into ERRIS _____
Rejected (State Reason _____)

CIRCLE THE ITEM(S) PROVIDED, OR CIRCLE THE HEADING NUMBER IF DATA IS MISSING.

1. TYPE OF OWNERSHIP	2. OWNER NOTIFICATION	3. ON SITE INSPECTION	4. SITE STATUS	5. PHYSICAL STATES	6. WASTE QUANTITY AT SITE
<u>P-PRIVATE</u>	R-RCRA 3001	E-EPA	<u>A-ACTIVE</u>	S-SOLID	* T-TONS
F-FEDERAL	C-CERCLA	C-EPA CONTRACTOR	I-INACTIVE	P-POWDER, FINES	* Y-CUBIC YARDS
S-STATE	(UNCONTROLLED WASTE SITES)	S-STATE	U-UNKNOWN	U-SLUDGE	* D-DRUMS (NUM)
C-COUNTY		H-OTHER CONTRACTOR		R-SLURRY	* X-MULTIPLE
M-MUNICIPAL	<u>N-NONE</u>	L-LOCAL HEALTH OFF		L-LIQUID	
O-OTHER		O-OTHER		G-GAS	
U-UNKNOWN		* X-MULTIPLE		O-OTHER	
				* X-MULTIPLE	

7. WASTE CHARACTERISTICS	8. WASTE TYPE	9. HAZARDOUS CONDITIONS	10. RANKING
T-TOXIC	S-SLUDGE	G-GROUNDWATER CONTAMINATION	N-NATIONAL PRIORITY LIST
C-CORROSIVE	O-OILY WASTE	S-SURFACE WATER CONTAMINATION	M-MITRE RANKING
R-RADIOACTIVE	L-SOLVENTS	A-CONTAMINATION OF AIR	O-OTHER
P-PERSISTENT	P-PESTICIDES	F-FIRE/EXPLOSIVE CONDITIONS	* X-MULTIPLE
S-SOLUBLE	G-ORGANICS	D-DIRECT CONTACT	
I-INFECTIOUS	A-ACIDS	L-CONTAMINATION OF SOIL	
F-FLAMMABLE	B-BASES	W-DRINKING WATER CONTAMINATION	
G-IGNITABLE	M-HEAVY METALS	I-WORKER EXPOSURE/INJURY	M-DAMAGE TO OFFSITE PROPERTY
V-VOLATILE	* X-MULTIPLE	P-POPULATION EXPOSURE/INJURY	-CONTAMINATION OF SEWERS, STORM DR
E-EXPLOSIVE		R-DAMAGE TO FLORA	E-ILLEGAL/UNAUTHORIZED DUMPING
A-REACTIVE	* REQUIRES ENTRY	K-DAMAGE TO FLAUNA	O-OTHER KNOWN, POTENTIAL, OR ALLEGE
M-INCOMPATIBLE	UNDER "DESCRIPTION"	H-CONTAMINATION OF FOOD CHAIN	* X-MULTIPLE
O-OTHER	e.g. D6 & X7 - 50 Drums	T-UNSTABLE CONTAINMENT OF WASTES	
<u>N-NOT APPLICABLE</u>	of volatile organics and		
* X-MULTIPLE	20 tons of corrosive sludge		
	D9 Contaminated ground and		
	surface water and soil.		

Page 4

PRELIMINARY INSPECTION CHECKLIST (revised 6/30/84)

Check each item if complete - leave blank if incomplete or inadequate data provided.

Site Name and Location

☒ Site Name
☒ Specific Location
(include street number)
☒ City, State, Zip Code
☒ County, County Code
☐ Congressional District
☒ Coordinates
☒ Directions to site

Responsible Parties

☒ Owner
☐ Owner address and telephone
☐ Operator (indicate if same as owner)
☐ Operator address and telephone
☒ Type of ownership
☒ Owner/Operator notification
☐ Person to Contact (phone)

Characterization of Potential Hazard

☐ Site Inspection
☒ Site Status
☒ Substances on site
(Known or alleged)
☒ Potential Hazard Description
(include relative population and
water body in vicinity)
☒ Priority Assessment
☒ Years of Operation
☐ Other (Describe below)

Description of Hazardous Conditions, etc.

Surface Water Name (river, lake, stream)

Potential Population (town, population)

Pertinent Hydrogeologic Information
(aquifer recharge area, significant
geologic structures in vicinity)

Type of Hazardous Waste

Amount of Hazardous Waste

Concentration of Hazardous Substances

Measure of concentration

Source and Date of Reports Cited

CHARLOTTE E. BALDWIN
SECRETARY



MARTHA LAYNE COLLINS
GOVERNOR

COMMONWEALTH OF KENTUCKY
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FORT BOONE PLAZA
18 REILLY ROAD
FRANKFORT, KENTUCKY 40601

MEMORANDUM

TO: Caroline P. Haight, Manager
Permit Review Branch

FROM: Barry Burrus, Chief
Uncontrolled Sites Section

DATE: March 7, 1984

SUBJECT: Uncontrolled Site Close-out for IBM Corporation Site - Fayette County

This facility manufactures typewriters and related supplies (ribbons). Hazardous waste are generated by cleaning, finishing and coating operations associated with typewriter production. Hazardous wastes are also generated by ribbon coating operation. Only wastes generated by the IBM Lexington facility are stored at the site. An on-site industrial waste pretreatment unit is utilized to treat some concentrated metal finishing baths and all associated rinse waters.

This type of facility is subject to regulations under the RCRA and DPDES water programs. Some concentrated metal finishing wastes are hauled to EPA permitted treatment and/or disposal facilities. The haulers used for transporting these wastes are EPA/DOT regulated waste haulers.

Investigation of KYDNREP, Division of Waste Management files has determined that this facility has been in compliance with regulations regarding their handling of hazardous waste on-site. ~~The potential still exists for this facility to be involved with hazardous waste being disposed of in landfills prior to RCRA regulations;~~ for example, Old Lexington Landfill in Fayette County which may in the future create a potential problem to the environment/population. This situation would require a separate consideration in the event of occurrence.

Therefore, I am recommending that no further action be taken on this site and further recommend that it be removed from the uncontrolled site list.

BB/kwb

cc: Hannah Leonard
Bob Prewitt
File



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
KY D006375737

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) IBM Corporation		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 740 New Circle Road			
03 CITY Lexington	04 STATE KY	05 ZIP CODE 40511	06 COUNTY Fayette	07 COUNTY CODE 34	08 CONG DIST
09 COORDINATES LATITUDE 38° 04' 10" N LONGITUDE 84° 29' 15" W					
10 DIRECTIONS TO SITE (Starting from nearest public road) Access to the IBM corporation site is via Russel Cave Road to the east, New Circle Road to the north and Newtown Pike to the west.					

III. RESPONSIBLE PARTIES

01 OWNER (if known) IBM (Corporate H.Q.)		02 STREET (Business, mailing, residential) Route 22			
03 CITY Armonk	04 STATE NY	05 ZIP CODE 10504	06 TELEPHONE NUMBER 914 765-1900		
07 OPERATOR (if known and different from owner) IBM Corporation		08 STREET (Business, mailing, residential) 740 New Circle Road			
09 CITY Lexington	10 STATE KY	11 ZIP CODE 40511	12 TELEPHONE NUMBER 606 232-2325		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ / _____ / _____ (MONTH DAY YEAR) <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 a) DATE RECEIVED: _____ / _____ / _____ (MONTH DAY YEAR) <input checked="" type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 5 / 5 / 83 <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1974 To Date BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Various hazardous waste substances generated by the cleaning, finishing and coating operations associated with the production of typewriters. Please refer to Attachment.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION All of the hazardous substances generated, treated and stored by this facility are regulated by RCRA and/or the KPDES water programs. This company has demonstrated a compliant nature relating to their handling of hazardous waste on-site. Please refer to Attachment.					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
--	--	--	--

VI. INFORMATION AVAILABLE FROM

01 CONTACT Hannah Leonard (Field Supervisor)	02 OF (Agency/Organization) Env. Protection Div. of Waste Mgmt.	03 TELEPHONE NUMBER (502) 564-6716
04 PERSON RESPONSIBLE FOR ASSESSMENT Jim Childers (Geologist)	05 AGENCY Env. Protect. Div. of Waste Mgmt.	06 ORGANIZATION (502) 564-6716
07 TELEPHONE NUMBER (502) 564-6716		08 DATE 3 / 1 / 84 MONTH DAY YEAR





POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY 0006375737

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____
(Address)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

KY 0006375737

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES

(Spill/leak/overflowing drums/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

N/A

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

N/A

III. TOTAL POPULATION POTENTIALLY AFFECTED: N/A

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

IBM, Lexington, Kentucky Case Summary

I. Background

Chronology:

In early 1980 (I have no information as to the exact date) IBM began detecting isopropyl alcohol, toluene, acetone, and 1,1,1 - trichloroethane in the groundwater under their plant and trichloroethylene in a nearby tributary to Cane Run Creek.

Location:

This facility is located in Lexington, Kentucky on New Circle Road. Electric typewriters are manufactured at this plant site which covers approximately 400 acres or 18 million square feet.

Topography and Geology:

Lexington is located in the Central Bluegrass region of Kentucky which is relatively flat. The bedrock in the area is relatively shallow (11 to 12' below the surface) and is overlain by a silty, clayey loam. The lithology consists of the Grier limestone which is very susceptible to fracture and channel solutioning overlain by the Tanglewood and Brannon limestones which are less susceptible to solutioning. All three are members of the Lexington limestone which is a karstic limestone.

Hydrology:

Cane Run Creek (a tributary to the Kentucky River) flows Northeast through the western side of the property. Groundwater flow in the area is controlled by secondary permeability such as solution channels and fractures. Secondary permeability in a limestone aquifer does not follow a predictable pattern. Therefore, accurate delineation of groundwater flow is difficult. It is believed that the local groundwater recharges Cane Run Creek, Hickman Creek and the Kentucky River.

Monitoring:

Approximately 200 shallow monitoring wells have been located within and near the plant boundary.

Remedial Measures:

IBM is withdrawing the "perched" contaminated groundwater, running it through a biological-carbon adsorption treatment system, and reinjecting the treated water.

II. Threats to Public Health-Environment:

Public Health Problems

Since this is an urban area, most residents are using the public water supply system. No assessment has been made on private wells. The Public Water System withdraws water from Hickman Creek and the Kentucky River which are hydraulically downstream from IBM.

Environmental Problems:

There is a danger that the contamination has gone into the Lexington limestone solution channels and may contaminate nearby springs used for livestock and other water sources.

Potable Concern Over Data:

IBM Sampling

<u>Parameter</u>	<u>Highest Level (ppm) Observed In Data</u>	<u>Drinking Water Standards - Guidelines</u>
Acetone*	1096	orl-rat LD50 9750mg/kg
Isopropyl Alcohol	1851	SNARL: (1,10day) 1ppm
Tetrahydrofuran*	3459	orl-rat LD50 3000mg/kg
Toluene	2000	SNARL: (1,10 day) 1ppm
Ethyl Alcohol	328	
n-Propyl Acetate*	605	orl-rat LD50 9800 mg/kg
Trichloroethylene	2.7	Proposed MCL(SDWA): 5-50 ppb SNARL (lifetime) 4.5 ppb
MIBK	3.4	Compound abbreviation unknown
1,1,1-Trichloroethane	.7	Proposed MCL (SDWA): 1 ppm

*These agents would represent a concern in drinking water at approximately 1ppm.

III. Technical Problems

Lack of Data:

The only information we have received from IBM is a hydrogeologic study which is not correlated to well numbers and locations and a second study which was limited to only a few of the wells (less than 10%).

There is no proof that a perched water table exists. Even well cross-sections show no perched table.

Incongruities:

Well #51's cross section indicates that the depth to bedrock is 2.2 feet. However, the bedrock contour map and Mr. Durbin's statements indicate a solution-sink in the bedrock that is 35.5 feet deep. Well #122 is also shown in a solution-sink but has 7 feet of water in the soil.

Of the contaminated wells sampled in the second study only those which were installed into bedrock show water; soil wells show no water.

IBM has refused to install a deep limestone aquifer monitoring well claiming that it is technically impossible and that it may result in a conduit for the shallow contaminated water into this deeper aquifer.

HRS SURFACE WATER ROUTE SCORE

CATEGORY/FACTOR	RAW DATA	ASN. VALUE	SCORE
1. OBSERVED RELEASE	YES	45	45
2. ROUTE CHARACTERISTICS			
SITE LOCATED IN SURFACE WATER			
SITE WITHIN CLOSED BASIN			
FACILITY SLOPE			
INTERVENING SLOPE			
24-HOUR RAINFALL			
DISTANCE TO DOWN-SLOPE WATER			
PHYSICAL STATE			
TOTAL ROUTE CHARACTERISTICS SCORE:			N/A
3. CONTAINMENT			N/A
4. WASTE CHARACTERISTICS			
TOXICITY/PERSISTENCE: TRICHLOROETHENE			12
WASTE QUANTITY	CUBIC YDS	1	
	DRUMS	0	
	GALLONS	0	
	TONS	0	
	TOTAL	1 CU. YDS	1
TOTAL WASTE CHARACTERISTICS SCORE:			12
5. TARGETS			
SURFACE WATER USE		2	6
DISTANCE TO SENSITIVE ENVIRONMENTS		0	0
COASTAL WETLANDS	NONE		
FRESH-WATER WETLANDS	NONE		
CRITICAL HABITAT	NONE		
DISTANCE TO STATIC WATER	> 3 MILES		
DISTANCE TO WATER SUPPLY INTAKE	> 3 MILES		
AND	MATRIX VALUE	0	0
TOTAL POPULATION SERVED	0		
NUMBER OF HOUSES	0		
NUMBER OF PERSONS	0		
NUMBER OF CONNECTIONS	0		
NUMBER OF IRRIGATED ACRES	0		
TOTAL TARGETS SCORE:			0
SURFACE WATER ROUTE SCORE (S _{SW}) = 5.45			

HRS AIR ROUTE SCORE

CATEGORY/FACTOR	RAW DATA	ASN. VALUE	SCORE
1. OBSERVED RELEASE	NO	0	0

2. WASTE CHARACTERISTICS

REACTIVITY:

INCOMPATIBILITY

TOXICITY

WASTE QUANTITY CUBIC YARDS
 DRUMS
 GALLONS
 TONS

TOTAL

MATRIX VALUE

TOTAL WASTE CHARACTERISTICS SCORE:

N/A

3. TARGETS

POPULATION WITHIN 4-MILE RADIUS

0 to 0.25 mile
 0 to 0.50 mile
 0 to 1.0 mile
 0 to 4.0 miles

DISTANCE TO SENSITIVE ENVIRONMENTS

COASTAL WETLANDS
 FRESH-WATER WETLANDS
 CRITICAL HABITAT

DISTANCE TO LAND USES

COMMERCIAL/INDUSTRIAL
 PARK/FOREST/RESIDENTIAL
 AGRICULTURAL LAND,
 PRIME FARMLAND
 HISTORIC SITE WITHIN VIEW?

TOTAL TARGETS SCORE:

N/A

AIR ROUTE SCORE (Sa) = 0.00

HAZARD RANKING SYSTEM SCORING CALCULATIONS
FOR
SITE: IBM CORPORATION
AS OF 03/25/88

PAGE 1

GROUND WATER ROUTE SCORE

OBSERVED RELEASE 45
WASTE CHARACTERISTICS X 13
TARGETS X 3

$$= \frac{1755}{57,330} \times 100 = 3.06 = S_{gw}$$

SURFACE WATER ROUTE SCORE

OBSERVED RELEASE 45
WASTE CHARACTERISTICS X 13
TARGETS X 6

$$= \frac{3510}{64,350} \times 100 = 5.45 = S_{sw}$$

AIR ROUTE SCORE

$$\text{OBSERVED RELEASE} \quad 0 / 35,100 \times 100 = 0.00 = S_{air}$$

SUMMARY OF MIGRATION SCORE CALCULATIONS

	S	S ²
GROUND WATER ROUTE SCORE (S _{gw})	3.06	9.36
SURFACE WATER ROUTE SCORE (S _{sw})	5.45	29.70
AIR ROUTE SCORE (S _{air})	0.00	0.00
S ² _{gw} + S ² _{sw} + S ² _{air}		39.06
$\sqrt{(S^2_{gw} + S^2_{sw} + S^2_{air})}$		6.25
$S_M = \sqrt{(S^2_{gw} + S^2_{sw} + S^2_{air})} / 1.73$		3.59

RECONNAISSANCE CHECKLIST FOR HRS2 CONCERNS

Instructions: Obtain as much "up front" information as possible prior to conducting fieldwork. Complete the form in as much detail as you can, providing attachments as necessary. Cite the source for all information obtained.

Site name: IBM Corporation
City, County, State: Lexington, Fayette County, Kentucky
EPA ID No.: KYD006375737
Person responsible for form: Belinda Brock
Date: 3-25-88

Air Pathway

Describe any potential air emission sources onsite: None

Identify any sensitive environments within 4 miles: None

Identify the maximally exposed individual (nearest residence or regularly occupied building - workers do count): Workers On-Site

Groundwater Pathway

Identify any areas of karst terrain: Karst Area

Identify additional population due to consideration of wells completed in overlying aquifers to the AOC: None

Do significant targets exist between 3 and 4 miles from the site? No

Is the AOC a sole source aquifer according to Safe Drinking Water Act? (i.e. is the site located in Dade, Broward, Volusia, Putnam, or Flager County, Florida) No

Surface Water Pathway

Are there intakes located on the extended 15-mile migration pathway? None

Are there recreational areas, sensitive environments, or human food chain targets (fisheries) along the extended pathway? None

Onsite Exposure Pathway

Is there waste or contaminated soil onsite at 2 feet below land surface or higher? Unknown

Is the site accessible to non-employees (workers do not count)? No

Are there residences, schools, or daycare centers onsite or in close proximity? Yes

Are there barriers to travel (e.g., a river) within one mile? No



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

IV

SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME IBM		B. STREET (or other identifier) 740 New Circle Rd.	
C. CITY Lexington	D. STATE KY	E. ZIP CODE 40511	F. COUNTY NAME Fayette
G. OWNER/OPERATOR (if known) 1. NAME IBM - Scott Durbin (contact)		2. TELEPHONE NUMBER 606/232-7621	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Surface water plus Groundwater monitoring wells (4) found contaminated (unknown source)			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) EPA - Enf. Div.		K. DATE IDENTIFIED (mo., day, & yr.) 10/16/80	
L. PRINCIPAL STATE CONTACT 1. NAME Caroline Pat Haight		2. TELEPHONE NUMBER 502/564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: Nov. 17, 1980 b. WILL BE PERFORMED BY: Shane Hitchcock <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME /s/ Shane Hitchcock 2. TELEPHONE NUMBER 404/881-2234 3. DATE (mo., day, & yr.) 10/30/80		

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes) <input checked="" type="checkbox"/> 3. OTHER (specify): Unknown Source of Contamination (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg., -min., -sec.) 2. LONGITUDE (deg., -min., -sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): IBM Manufacturing Plant	

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE	X	5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY	X	8. OTHER (specify):
				X	9. OTHER (specify): Carbon absorption Filtration		Route of entry into ground water unknown.

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

IBM detected acetone, isopropyl alcohol, methylene chloride, and toluene in on-site monitoring wells. Source of contamination is not known at this time. Also 1,1,1-TCE, Ethylbenzene, Benzene, 1,2-Dichloroethane.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☒ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

For raw material storage.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
X (1) PAINT, PIGMENTS		X (1) OILY WASTES		X (1) HALOGENATED SOLVENTS		X (1) ACIDS		X (1) FLYASH		X (1) LABORATORY PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL	
(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (specify):	
						(6) CYANIDE		(6) OTHER (specify):			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER (specify):					

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

~~Methylene Chloride~~ 1,1,1-Trichloroethane
 Toluene Ethylbenzene
 Acetone Benzene
 isopropyl alcohol 1,1-Dichloroethane

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

IBM only used two of the four contaminants to any large extent but others used in small quantities in their lab.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			If aquifer is used for drinking
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			Aquifer use unknown
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER			Feb 26, 1980 Dec 1979	Dates groundwater sampled.
8. CONTAMINATION OF SURFACE WATER			Date unknown	trichloroethylene detected
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☒ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
PPDC/NPDES		EPA	Priority Pollutant Screening
NPDES-CEI	10/16/80	EPA	Related to permit issuance

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Groundwater treatment proposed		IBM	Carbon Adsorption

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

CHARLOTTE E. BALDWIN
SECRETARY



MARTHA LAYNE COLLINS
GOVERNOR

COMMONWEALTH OF KENTUCKY
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FORT BOONE PLAZA
18 REILLY ROAD
FRANKFORT, KENTUCKY 40601

MEMORANDUM

TO: Caroline P. Haight, Manager
Permit Review Branch

FROM: Barry Burrus, Chief
Uncontrolled Sites Section

DATE: March 7, 1984

SUBJECT: Uncontrolled Site Close-out for IBM Corporation Site - Fayette County

This facility manufactures typewriters and related supplies (ribbons). Hazardous waste are generated by cleaning, finishing and coating operations associated with typewriter production. Hazardous wastes are also generated by ribbon coating operation. Only wastes generated by the IBM Lexington facility are stored at the site. An on-site industrial waste pretreatment unit is utilized to treat some concentrated metal finishing baths and all associated rinse waters.

This type of facility is subject to regulations under the RCRA and DPDES water programs. Some concentrated metal finishing wastes are hauled to EPA permitted treatment and/or disposal facilities. The haulers used for transporting these wastes are EPA/DOT regulated waste haulers.

Investigation of KYDNREP, Division of Waste Management files has determined that this facility has been in compliance with regulations regarding their handling of hazardous waste on-site. **The potential still exists for this facility to be involved with hazardous waste being disposed of in landfills prior to RCRA regulations; for example, Old Lexington Landfill in Fayette County which may in the future create a potential problem to the environment/population. This situation would require a separate consideration in the event of occurrence.**

Therefore, I am recommending that no further action be taken on this site and further recommend that it be removed from the uncontrolled site list.

BB/kwb

cc: Hannah Leonard
Bob Prewitt
File



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY D006375737

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) IBM Corporation		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 740 New Circle Road			
03 CITY Lexington	04 STATE KY	05 ZIP CODE 40511	06 COUNTY Fayette	07 COUNTY CODE 34	08 CONG DIST
09 COORDINATES LATITUDE 38° 04' 10".0		LONGITUDE -84° 29' 15".0			

10 DIRECTIONS TO SITE (Starting from nearest public road)
Access to the IBM corporation site is via Russel Cave Road to the east, New Circle Road to the north and Newtown Pike to the west.

III. RESPONSIBLE PARTIES

01 OWNER (If known) IBM (Corporate H.Q.)		02 STREET (Business, mailing, residential) Route 22			
03 CITY Armonk	04 STATE NY	05 ZIP CODE 10504	06 TELEPHONE NUMBER (914) 765-1900		
07 OPERATOR (If known and different from owner) IBM Corporation		08 STREET (Business, mailing, residential) 740 New Circle Road			
09 CITY Lexington	10 STATE KY	11 ZIP CODE 40511	12 TELEPHONE NUMBER (606) 232-2325		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 a) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

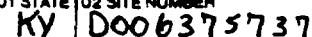
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 5/5/83 <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1974 To Date BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Various hazardous waste substances generated by the cleaning, finishing and coating operations associated with the production of typewriters. Please refer to Attachment.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION All of the hazardous substances generated, treated and stored by this facility are regulated by RCRA and/or the KPDES water programs. This company has demonstrated a compliant nature relating to their handling of hazardous waste on-site. Please refer to Attachment.					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Impairment) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspection on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
--	--	--	--

VI. INFORMATION AVAILABLE FROM

01 CONTACT Hannah Leonard (Field Supervisor)		02 OF (Agency/Organization) Env. Protection Div. of Waste Mgmt.		03 TELEPHONE NUMBER (502) 564-6716	
04 PERSON RESPONSIBLE FOR ASSESSMENT Jim Childers (Geologist)		05 AGENCY Env. Protect. Div. of Waste Mgmt.		06 ORGANIZATION (502) 564-6716	
		07 TELEPHONE NUMBER (502) 564-6716		08 DATE 3/1/84 MONTH DAY YEAR	



<input type="checkbox"/> A. TOXIC	<input type="checkbox"/> E. SOLUBLE	<input type="checkbox"/> I. HIGHLY VOLATILE
<input type="checkbox"/> B. CORROSIVE	<input type="checkbox"/> F. INFECTIOUS	<input type="checkbox"/> J. EXPLOSIVE
<input type="checkbox"/> C. RADIOACTIVE	<input type="checkbox"/> G. FLAMMABLE	<input type="checkbox"/> K. REACTIVE
<input type="checkbox"/> D. PERSISTENT	<input type="checkbox"/> H. IGNITABLE	<input type="checkbox"/> L. INCOMPATIBLE
		<input type="checkbox"/> M. NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
KY	0006375737

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ B. SURFACE WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ C. CONTAMINATION OF AIR
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ E. DIRECT CONTACT
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ F. CONTAMINATION OF SOIL
03 AREA POTENTIALLY AFFECTED: _____ (Address)

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ G. DRINKING WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ H. WORKER EXPOSURE/INJURY
03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ I. POPULATION EXPOSURE/INJURY
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY D006375737

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoffs/leaking drums/leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

N/A

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

N/A

III. TOTAL POPULATION POTENTIALLY AFFECTED: N/A

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)



COMMONWEALTH OF KENTUCKY
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FORT BOONE PLAZA
18 REILLY ROAD
FRANKFORT, KENTUCKY 40601

MEMORANDUM

TO: Caroline P. Haight, Manager
Permit Review Branch

FROM: Barry Burrus, Chief
Uncontrolled Sites Section *BB*

DATE: March 7, 1984

SUBJECT: Uncontrolled Site Close-out for IBM Corporation Site - Fayette County

This facility manufactures typewriters and related supplies (ribbons). Hazardous waste are generated by cleaning, finishing and coating operations associated with typewriter production. Hazardous wastes are also generated by ribbon coating operation. Only wastes generated by the IBM Lexington facility are stored at the site. An on-site industrial waste pretreatment unit is utilized to treat some concentrated metal finishing baths and all associated rinse waters.

This type of facility is subject to regulations under the RCRA and DPDES water programs. Some concentrated metal finishing wastes are hauled to EPA permitted treatment and/or disposal facilities. The haulers used for transporting these wastes are EPA/DOT regulated waste haulers.

Investigation of KYDNREP, Division of Waste Management files has determined that this facility has been in compliance with regulations regarding their handling of hazardous waste on-site. The potential still exists for this facility to be involved with hazardous waste being disposed of in landfills prior to RCRA regulations; for example, Old Lexington Landfill in Fayette County which may in the future create a potential problem to the environment/population. This situation would require a separate consideration in the event of occurrence.

Therefore, I am recommending that no further action be taken on this site and further recommend that it be removed from the uncontrolled site list.

BB/kwb

cc: Hannah Leonard
Bob Prewitt
File



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY D006375737

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) IBM Corporation		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 740 New Circle Road			
03 CITY Lexington	04 STATE KY	05 ZIP CODE 40511	06 COUNTY Fayette	07 COUNTY CODE 34	08 CONG DIST
09 COORDINATES LATITUDE 38° 04' 10".0 LONGITUDE -84° 29' 15".0					
10 DIRECTIONS TO SITE (Starting from nearest public road) Access to the IBM corporation site is via Russel Cave Road to the east, New Circle Road to the north and Newtown Pike to the west.					

III. RESPONSIBLE PARTIES

01 OWNER (If known) IBM (Corporate H.Q.)		02 STREET (Business, mailing, residential) Route 22			
03 CITY Armonk	04 STATE NY	05 ZIP CODE 10504	06 TELEPHONE NUMBER (914) 765-1900		
07 OPERATOR (If known and different from owner) IBM Corporation		08 STREET (Business, mailing, residential) 740 New Circle Road			
09 CITY Lexington	10 STATE KY	11 ZIP CODE 40511	12 TELEPHONE NUMBER (606) 232-2325		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 5/5/83 MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR 1974 ENDING YEAR To Date <input type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Various hazardous waste substances generated by the cleaning, finishing and coating operations associated with the production of typewriters. Please refer to Attachment

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

All of the hazardous substances generated, treated and stored by this facility are regulated by RCRA and/or the KPDES water programs. This company has demonstrated a compliant nature relating to their handling of hazardous waste on-site. Please refer to Attachment.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)
☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT Hannah Leonard (Field Supervisor)		02 OF (Agency/Organization) Env. Protection Div. of Waste Mgmt.		03 TELEPHONE NUMBER (502) 564-6716	
04 PERSON RESPONSIBLE FOR ASSESSMENT Jim Childers (Geologist)		05 AGENCY Env. Protect. Div. of Waste Mgmt.		06 TELEPHONE NUMBER (502) 564-6716	
		07 DATE 3/1/84 MONTH DAY YEAR			



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

KY D006375737

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

- ☐ A. SOLID
☐ B. POWDER, FINE
☐ C. SLUDGE
☐ D. OTHER
☐ E. SLURRY
☐ F. LIQUID
☐ G. GAS

(Specify)

02 WASTE QUANTITY AT SITE

(Measure of waste quantities
must be independent)

TONS

CUBIC YARDS

NO. OF DRUMS

03 WASTE CHARACTERISTICS (Check all that apply)

- ☐ A. TOXIC
☐ B. CORROSIVE
☐ C. RADIOACTIVE
☐ D. PERSISTENT
☐ E. SOLUBLE
☐ F. INFECTIOUS
☐ G. FLAMMABLE
☐ H. IGNITABLE
☐ I. HIGHLY VOLATILE
☐ J. EXPLOSIVE
☐ K. REACTIVE
☐ L. INCOMPATIBLE
☐ M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE	N/A		
OLW	OILY WASTE			
SOL	SOLVENTS	11		
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS	11		
IOC	INORGANIC CHEMICALS			
ACD	ACIDS	11		
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
	N/A		N/A		
	11		11		
	11		11		
	11		11		
	11		11		
	11		11		
	11		11		
	11		11		

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS	N/A		FDS	N/A	
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

KYDNREPC's Division of waste management files



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
KY	0006375737

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____ 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ B. SURFACE WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____ 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ C. CONTAMINATION OF AIR
03 POPULATION POTENTIALLY AFFECTED: _____ 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS
03 POPULATION POTENTIALLY AFFECTED: _____ 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ E. DIRECT CONTACT
03 POPULATION POTENTIALLY AFFECTED: _____ 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ F. CONTAMINATION OF SOIL
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ G. DRINKING WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____ 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ H. WORKER EXPOSURE/INJURY
03 WORKERS POTENTIALLY AFFECTED: _____ 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ I. POPULATION EXPOSURE/INJURY
03 POPULATION POTENTIALLY AFFECTED: _____ 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

KY 0006375737

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

N/A

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

N/A

III. TOTAL POPULATION POTENTIALLY AFFECTED: N/A

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

**ATTACHMENT TO
Preliminary Assessment
for
IBM Corporation. Lexington, Ky.
Fayette County, EPA # KYD006375737**

This facility manufactures typewriters and related supplies (ribbons). Hazardous wastes are generated by cleaning, finishing and coating operations associated with typewriter production. Hazardous wastes are also generated by ribbon coating operation. Only wastes generated by the IBM Lexington facility are stored at the site. An on-site industrial waste pretreatment unit is utilized to treat some concentrated metal finishing baths and all associated rinse waters. This type of facility is subject to regulations under the RCRA and DPDES water programs. Some concentrated metal finishing wastes are hauled to EPA permitted treatment and/or disposal facilities. The haulers used for transporting these wastes are EPA/DOT regulated waste haulers.

Investigation of KYDNREP, Division of Waste Management files has determined that this facility has been in compliance with regulations regarding their handling of hazardous waste on-site.

A list of waste substances produced by this facility is as follows along with their EPA waste number.

<u>Waste Name</u>	<u>EPA Waste Number</u>
1. Chromium sludge	D007
2. Black oxide sludge	D002
3. Solvent ink	D001
4. Paint waste	D001
5. Cyanide liquid	F009
6. Ribbon backing	D001
7. Waste trichloroethane, oil	F001, F002
8. Waste trichloroethylene, oil	F002
9. Waste chlorinated fluorocarbon	F001
10. Waste methylene chloride	F002
11. Waste aqualoid	D001
12. Waste dichloromethane	F002
13. Waste trichloroethane, water	F002
14. Waste, methylene chloride	F002, F005
15. Lexol	D001
16. Waste trichlorethylene	F002
17. Glue	D001
18. Alkaline waste, solid	D002
19. Coulter reagent	U154
20. Benzidine, alcohol	D001
21. Alkaline solids	D002
22. Waste methylene chloride, water	F002, F005
23. Acrylic esters	D001
24. Non-cyanide	D002
25. Copper cyanide	P029
26. Cyanides	P930
27. Nickel cyanide	P074
28. Potassium cyanide	P098
29. Sodium cyanide	P106
30. Zinc cyanide	P121
31. 1,1,1 - Trichloroethane	U226
32. Trichlorethylene	U228
33. Solid waste	D001
34. Sodium waste	D002